

**FACULTY OF GRADUATE STUDIES**  
**GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY**  
**STUDENT/ SUPERVISOR MEETING RECORD**

Student's Name	
Student's No & Programme	
Supervisor's Name	
Date of Meeting	
Venue	
Duration	

**Notes:**

**Action Points:**

Date of Next Meeting	
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Signature of the Student : .....

Signature of the Supervisor : .....